LAKEVIEW MANOR E5406 CTY TRK AA

WEYAUWEGA	54983	Phone: (920) 867-2183		Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with 1	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/02):	59	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/02):	63	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31,	/02:	55	Average Daily Census:	54

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
•			%   Age Groups		~ 용		16.4	
Supp. Home Care-Personal Care	No			•			45.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	12.7		38.2	
Day Services	No	Mental Illness (Org./Psy) 61.8   65 - 74 16.4						
Respite Care	No	Mental Illness (Other)	36.4	75 - 84	43.6		100.0	
Adult Day Care Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	- 94 21.8   *************			
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.5	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0	0.0		Nursing Staff per 100 Resident		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	0.0	65 & Over	87.3			
Transportation	No	Cerebrovascular	0.0			RNs	12.7	
Referral Service	No	Diabetes	1.8	Sex	9	LPNs	7.8	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	34.5	Aides, & Orderlies	45.5	
Mentally Ill	Yes			Female	65.5			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		:	Private Pay	:	:	Family Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	45	100.0	110	0	0.0	0	8	100.0	138	2	100.0	110	0	0.0	0	55	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		45	100.0		0	0.0		8	100.0		2	100.0		0	0.0		55	100.0

LAKEVIEW MANOR

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period							
	- 1				% Needing		Total
ercent Admissions from:	1	Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	14.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	9.1		25.5	65.5	55
Other Nursing Homes	28.6	Dressing	12.7		34.5	52.7	55
Acute Care Hospitals	35.7	Transferring	29.1		50.9	20.0	55
Psych. HospMR/DD Facilities	7.1	Toilet Use	18.2		40.0	41.8	55
Rehabilitation Hospitals	14.3		40.0		34.5	25.5	55
Other Locations	0.0	******	*****	*****	******	*******	*****
otal Number of Admissions	14	Continence		%	Special Treatm	nents	%
ercent Discharges To:	1	Indwelling Or Extern	al Catheter	0.0	Receiving Re	espiratory Care	1.8
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	80.0	Receiving Tr	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	54.5	Receiving Su	actioning -	0.0
Other Nursing Homes	8.3				Receiving Os	stomy Care	1.8
Acute Care Hospitals	8.3	Mobility			Receiving Tu	ıbe Feeding	0.0
Psych. HospMR/DD Facilities	16.7	Physically Restraine	d	7.3	Receiving Me	echanically Altered Diets	38.2
Rehabilitation Hospitals	8.3	-			-	-	
Other Locations	8.3	Skin Care			Other Resident	Characteristics	
Deaths	50.0	With Pressure Sores		10.9	Have Advance	e Directives	100.0
otal Number of Discharges	į	With Rashes		16.4	Medications		
(Including Deaths)	12 i				Receiving Ps	sychoactive Drugs	92.7

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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			ership:		Size:		ensure:					
	This	Gov	ernment	50	-99	Ski	lled	Al	1			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	00	00	Ratio	엉	Ratio	olo	Ratio	olo	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	85.0	84.6	1.01	88.5	0.96	86.7	0.98	85.1	1.00			
Current Residents from In-County	61.8	55.3	1.12	72.5	0.85	69.3	0.89	76.6	0.81			
Admissions from In-County, Still Residing	42.9	26.2	1.64	19.5	2.20	22.5	1.91	20.3	2.11			
Admissions/Average Daily Census	25.9	60.4	0.43	125.4	0.21	102.9	0.25	133.4	0.19			
Discharges/Average Daily Census	22.2	64.0	0.35	127.2	0.17	105.2	0.21	135.3	0.16			
Discharges To Private Residence/Average Daily Census	0.0	19.7	0.00	50.7	0.00	40.9	0.00	56.6	0.00			
Residents Receiving Skilled Care	100	85.5	1.17	92.9	1.08	91.6	1.09	86.3	1.16			
Residents Aged 65 and Older	87.3	88.5	0.99	94.8	0.92	93.6	0.93	87.7	1.00			
Title 19 (Medicaid) Funded Residents	81.8	79.1	1.03	66.8	1.22	69.0	1.19	67.5	1.21			
Private Pay Funded Residents	14.5	16.2	0.90	22.7	0.64	21.2	0.69	21.0	0.69			
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.6	0.00	7.1	0.00			
Mentally Ill Residents	98.2	48.2	2.04	36.5	2.69	37.8	2.59	33.3	2.94			
General Medical Service Residents	0.0	20.0	0.00	21.6	0.00	22.3	0.00	20.5	0.00			
Impaired ADL (Mean)	60.0	44.1	1.36	48.0	1.25	47.5	1.26	49.3	1.22			
Psychological Problems	92.7	62.8	1.48	59.4	1.56	56.9	1.63	54.0	1.72			
Nursing Care Required (Mean)	8.6	7.5	1.16	6.3	1.38	6.8	1.27	7.2	1.20			